



**WISHA DISCRIMINATION
INVESTIGATIONS
WITNESS
STATEMENT**

Complaint Number

Statement of:				Date		SSN (For ID only)	
Present Address					Telephone Number		
City	County	State	ZIP	Pager Number		Cell Phone Number	
Employer			Telephone Number & Contact Person				
Address		City		State & Zip Code			

I declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct. I also understand that I may be criminally prosecuted pursuant to RCW 49.17.190 (2) for submitting a false statement/s.

Date	Name (printed)	Signature
------	----------------	-----------

 I request this statement be held in confidence. This statement may be released upon request.
Initial Initial

I understand that, if I request confidentiality, this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. Upon closing of this case, this statement may be subject to disclosure only in accordance with applicable statutes such as the Washington Public Disclosure Act and agency policy.

Statement of	Initials
--------------	----------

STATEMENT

I declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct to the best of my knowledge and ability. I also understand that I may be criminally prosecuted to the fullest extent pursuant to RCW 49.19.190 (2) if it is determined that this statement or any portion of this statement is false.

Name (printed)	Signature	Date
Witnessed by (WISHA Investigator)	Signature	Date